GENERAL PROJECT OVERVIEW

Name of Business			
	Project Title (1-5	word description)	
	FOR EFI USE ONLY		
	Date Received	Date Completed	
	Project Number		

It is suggested that you contact Enterprise Florida at the below address to discuss your project and application **before** submitting a formal proposal

The completed and signed application must be filed with:



The Atrium Building, Suite 201 ? 325 John Knox Road Tallahassee, Florida 32303 850/488-6300 ? Fax: 850/922-9595

http://www.eflorida.com/

Employer Identification

BUSINESS INFORMATION:		
1.	a)	Name of Business Unit:
	b)	Mailing Address:
	c)	Name of Parent Company (if applicable):
	d)	Primary business unit contact: Name:
	e)	Business unit's federal employer identification number:
	f)	Business unit's unemployment compensation identification number:
	g)	Business unit's Florida sales tax registration number:
	h)	List NAICS and SIC codes of all activities of the <u>business unit</u> :
	i)	Describe the <u>business unit's</u> primary business activities:
2.	a)	Is the <u>business unit</u> minority owned: YES NO
	b)	If YES, explain:
3.	<u>Bus</u>	iness unit's tax year (ex: Jan. 1 – Dec. 31):
Project Identification/Information		
4.	a)	Is the <u>business unit</u> a (please choose one): A new <u>business unit</u> to Florida An expansion of an existing Florida <u>business unit</u>
	b)	If an expansion, how many Florida employees are currently in the expanding business unit ^{1,2} ?

c)

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How many individuals are employed in <u>ALL</u> Florida locations?

¹ Existing Florida employees cannot be included for consideration in certain incentive awards.

² Incentives may not be used in connection with any project that involves the relocation of jobs from one Florida community to another.

Ch		oriate box and complete the li			
Ш	Project's cu	rrent location address, if app	licable:		
	Project's pr	oposed location address, if di	fferent from	above:	
a)		Brownfield Site or in a Brown copy of the official document that design		YES prownfield area.)	N
b)		be locating or expanding in a ESNO Wh	_	Zone?	
c)		be locating in a designated ru ESNO Wh		ed rural area:	
Со	unty in which	oroject is/will be located:			
fun <u>AN</u>	nctions <u>ID</u> b): Multistate I		st defines yo] Regional h	ur project. A	nswer a) office
of (lelya designated headquarter or final sales resulting from p			
fun	•	on of the project (if any) that the industry description and the	•	_	uded in thi
Bu	<u>siness unit</u> Ac	tivities	0/	Code	
			%		
anı	t the 5-6 digit	NAICS and 4 digit SIC code(s) ge wage (not including benefi	, estimated e	employment,	and the
•	•	Est. Employment	Annua	lized Wage <u>\$</u>	
NA	ICS/SIC	Est. Employment	Annua	lized Wage <u>\$</u>	
NΔ	ICS/SIC	Est. Employment	Annua	lized Wage \$	

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13.	a)) <u>Anticipated</u> annualized average wage (I Florida jobs created by the project at the	• •
		(Cash performance bonuses and other cash payments included. The anticipated wage reported here is only	
	b)) Annualized average value of <u>benefits</u> as the project at the <u>business unit</u> : \$	ssociated with each new job created by
14.	a)	Describe the capital investment in real and personal property (examples: construction of new facility; remodeling of facility; upgrading, replacing or buying new equipment. Do not include the value of land purchased for construction of a new building):	
	b)) List the anticipated amount (within thre machinery/equipment, construction of investment to be made by the applicant	
		Amount \$ Con	struction/Renovations
		Amount \$ Mar	
			er Equipment
	c)) Estimated square feet of new or newly	expanded facility:
15.	An	nticipated date of beginning of construct	ion for this project:
16.	An	nticipated date project will be in operatio	n:

Project Impact Information

17. What role will the incentive (or incentives) play in the decision of the applicant to locate or expand in this state? (If there are other states/communities competing for this project, please list which states/communities and what incentives are being offered by these states/communities.)

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	****Be sure to attach proper incentive sheet(s)****
	NO, we do not Request Confidentiality
	YES, we Request Confidentiality
20.	You may request that your project information (including the information contained in this application) be confidential per F.S. 288.075, Confidentiality of Records.
	b) Any criminal or civil fines or penalties and any awards. (If yes, please explain)
	particularly as they relate to environmental and growth management impacts and how these have been handled. (Basically, what kind of corporate citizen has the applicant been?)
19.	a) A brief review of the applicant's past activities in Florida and in other states,
18.	in the community, the state or regional economy, focusing on economic conditions in the area, including the unemployment rate in the community where the project will be located.

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Application completed by:	To the best of my knowledge, the information included in this application is accurate.
(Signature)	_
	(Signature of Authorized Officer)
(Print or Type Name & Title)	<u> </u>
	(Print or Type Name of Authorized Officer)
(Company)	_
	(Print or Type Title of Authorized Officer)
(Phone Number)	-
	(Company)
(Fax Number)	_
	(Phone Number)
(Date)	_
	(Fax Number)
(E-mail Address)	_
	(Date)
(Contact Person, if different)	(E-mail Address)
(E-mail Address if different)	<u> </u>
(E-man Address II dillerent)	
(Address if different)	_
(Phone if different)	<u> </u>

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